

SEP 12 1934 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

28182

1. PLACE OF DEATH

County Andrew

Registration District No. 13

File No.

Township

Primary Registration District No. 4-0-10

Registered No.

City

(No. Dr. Nichols Sanitorium)

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.

Ward.

Bemis-S. Clark

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

30 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

wife of T. J. Stevenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

9-2-1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Winterton, S. D. DATE Aug. 17, 1934

19. UNDERTAKER (ADDRESS)

20. FILED

Aug 12 1934 Mrs. R. B. King

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8-10-1934

22. I HEREBY CERTIFY, That I attended deceased from

7-11-1934 to 8-10-1934

I last saw him alive on 8-10-1934 Death is said

to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Septic Endocarditis Date of onset 3 days

50

536

150

Other contributory causes of importance:

Septic embolus body 5 days

50

536

150

Name of operation Right leg amputated Date of 7-12-34

What test confirmed diagnosis? Medical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Willard A. Stearns, M. D.

(Address) Savannah Mo.

JAN 1 8 1968

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Jessie Mable Stevenson  
Who died at \_\_\_\_\_ on Aug 10 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 57 Months 11 Days 8

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) Sept 11 1934

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Primary seat carcinoma right breast

Other contributory causes of importance Carcinoma R. Breast & axilla

Name of operation Rt. Breast removal Date of \_\_\_\_\_

What test confirmed diagnosis? Thymic fluid Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar Mrs A R King Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 13

Very truly yours,

Primary Reg. Dist. No. 4010

E. T. McLaugh M.D.  
E.C.

Special Agent.

JAN 25 1935

5-28182

5-28182

JAN 18 1935